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## **Consumer Health Care Survey**

The Advisory Committee on Consolidated Health Care (created by the Managed Care Reform Act of 2000) has hired an independent consultant. This firm, LECG, LLC, will develop models of a system to provide health care access for every Commonwealth resident. The Legislature will utilize LECG's report and its modeling results to improve the delivery of health care services to all Massachusetts' citizens.

Part of LECG's work involves the gathering of information from the public. We are very interested in your opinions on health care in Massachusetts and ask that you take a few moments to answer the following questions. The information you provide in this survey represents an opportunity for your voice to be heard on the critical issue of health care reform. Your opinions will be carefully reviewed and shared with the Advisory Committee on Consolidated Health Care and will be taken into account as we develop our models.

To ensure that your opinions are heard, please mail or fax the completed survey by Friday, March 22, 2002. Thank you for your participation.

| _ Employer sponsored      | _ Privately purcha   | •  | L   |   |
|---------------------------|--|--|---|---|
|                           | 2  | ccess the follow   | wing health care s  | services  |
| Medical Care              | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | $_{\rm N/A}$  |
| Mental Health Services    | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | _N/A  |
| Home Health Care          | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | _ N/A   |
| Long Term Care            | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | -N/A  |
| How satisfied are you wit | h the cost you pay   | for the follow   | ing health care se  | ervices?  |
| Medical Care              | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | $_{\rm N/A}$  |
| Mental Health Services    | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | _ N/A   |
| Home Health Care          | Very satisfied   | Satisfied  | Not satisfied   | N/A   |
| Long Term Care            | _ Very satisfied   | _ Satisfied  | _ Not satisfied   | _ N/A   |
| companies or health plans | 3?   |  | e health insurance  | e   |
|                           | Employer sponsored I do not have health ins How satisfied are you wit when you or a family mer Medical Care Mental Health Services Home Health Care Long Term Care How satisfied are you wit Medical Care Mental Health Services Home Health Care Long Term Care Over the past two years, he | Employer sponsored Privately purchater I do not have health insurance  How satisfied are you with your ability to accompanies or health plans Privately purchater Privat | Employer sponsored Privately purchased Public I do not have health insurance How satisfied are you with your ability to access the follow when you or a family member need care? Medical Care Very satisfied Satisfied Mental Health Services Very satisfied Satisfied Home Health Care Very satisfied Satisfied Long Term Care Very satisfied Satisfied Medical Care Very satisfied Satisfied Mental Health Services Very satisfied Satisfied Mental Health Services Very satisfied Satisfied Home Health Care Very satisfied Satisfied Long Term Care Very satisfied Satisfied Cover the past two years, how often have you had to change companies or health plans ? | How satisfied are you with your ability to access the following health care swhen you or a family member need care?  Medical Care |



| 5. | Over the past two years, how many times were you or a family member without health insurance?   |  |  |  |  |  |
|----|---|--|--|--|--|--|
|    | None Once Twice Three or more times Have not had health insurance   |  |  |  |  |  |
| 6. | Over the past two years, how often have you or a family member involuntarily had to change doctors or other health care providers?  None Once Twice Three or more times   |  |  |  |  |  |
| 7. | Based upon the health care services currently available to you and your family members, how do you feel about the cost that you pay for these services?  _ I think that I should pay less than I currently pay  _ I am satisfied with the amount I currently pay  _ I am willing to pay more than I currently pay |  |  |  |  |  |
| 8. | To establish a system of consolidated health care financing and streamlined delivery accessible to every Massachusetts resident:  _ I think that I should pay less than I currently pay _ I think that I should pay the same amount I currently pay _ I am willing to pay more than I currently pay               |  |  |  |  |  |
| 9. | Do you have any further comments you wish to make?  |  |  |  |  |  |
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|    | ease mail or fax your completed survey by Friday, March 22, 2002. Thank you again your participation.   |  |  |  |  |  |
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